

the universe about him, because of the material limitations of the body through which, in this life, he must work? There is no escape from these limitations unless he is released from the body which defines them. This is why Death! Death is simply release that men may go on.

This is what every religion tries to explain. Man set free from the shackles that impede his progress that he may go on. It is not a calamity. It is a blessing in disguise. It is like the blessing of toil placed upon primitive man that he might work and progress.

The idle man in Paradise had failed. The man who went out from Eden to toil with the briars and brambles of a fertile earth that he might have food succeeded.

But the time comes when a man, even with all his achievements, reaches the limit. He can go no farther in a lifetime. Is his progress to cease? Death in this life has answered the question. Death is not a calamity! Man may still go on; Death may be the sum total of his experiences. It is the greatest blessing to man that God has made. Die—and go on!

Is this death to be all or does Eternity hold other deaths yet to come?

We deem that this life is not all, but is only one stage in the evolution of man upon earth. Eternal life upon this planet is withheld from man. The story is thus told in Genesis III, Verses 22, 23, 24.

(22) "And the Lord God said, Behold, the man is become as one of us, to know good and evil: and now, lest he put forth his hand and take also of the tree of life, and eat, and live forever:

(23) "Therefore the Lord God sent him forth from the garden of Eden, to till the ground from whence he was taken.

(24) "So he drove out the man: and he placed at the East of the Garden of Eden Cherubim, and a flaming sword which turned every way, to guard the way of the tree of life."

Eternal life upon earth—do we realize what it would mean? The body grows old—it has worn out its material envelope. Age, and a life properly lived, brings with it maturity. After maturity there follows decay.

#### HEAVEN<sup>†</sup>

Heaven—What is it?—When?—Where?

What conclusion must we draw from the many beliefs of the ancient and modern writers? Only one conclusion will be possible, that we are mistaken utterly in the meaning of the word Heaven. Everywhere in the Universe we find the law of eternal growth and eternal deterioration. It seems to be the same in every department of the Universe—material, intellectual, and spiritual. The pleasures of heaven lie in the thought:

I, too, am a sharer in the development of the worlds about me, a sharer with God, therefore forever sharing in the mind of the Supreme Maker of the Law. Was this not the deeper meaning of the word spoken by the Supreme Ruler—when discussing the future of man upon earth, "He will become as one of us—knowing good and evil"? The thought is, if in this lower sphere man should eat of the tree of life and live and gain eternal life, would it be death to his soul?

Life as we know it upon this plane is to be lived by successive births and consequent deaths; the soul progressing and developing in accordance with the fixed and unchanging law spoken in the beginning.

#### ROENTGENOLOGY, PATHOLOGY AND ANESTHESIOLOGY IN HOSPITALS

**Growth of the Hospital System in the United States.**—Problems in policy that are not vexatious are usually easily solved. By contrast, an example of a vexatious proposition, presented during the last few years at each annual session of the American Medical Association, is that dealing with the status of physicians specializing in

pathology, roentgenology and anesthesia, and relating to their work in hospitals. The confusion has arisen because, in part, the standardization rules for hospitals, as laid down within the last decade or so by both the Council on Medical Education and Hospitals of the American Medical Association and the American College of Surgeons, have not only stressed the importance of hospitals maintaining high standards in these three specialties, but have practically denied to institutions not properly staffed therein places on the lists of Accredited and Approved Hospitals. That fact, with the trend within the medical profession itself not only to utilize hospital facilities for patients for a larger number of diseases and surgical conditions than in prior periods, but to send patients to the institutions almost at the onset of certain medical or surgical conditions, has resulted in the education of the public and their understanding that patients undergoing hospitalization should have the right to expect a high type of roentgenologic, pathologic and anesthesia service as part of routine hospital régime. It is not to be wondered at, therefore, that surface differences of opinion between some hospital administrators and physicians devoting themselves to the above specialties should have arisen.

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**The Ten Principles Enunciated by the American Medical Association.**—At the 1934 American Medical Association annual session, its House of Delegates enunciated ten principles that have been generally accepted by the constituent state medical associations. This year, at San Francisco, additional representations on the subject were made by delegates from California, Massachusetts and other states, and by action duly taken. Paragraph 4 of these ten pronouncements was amplified by the addition of the following clarifying statement:

"If for any reason it is found desirable or necessary to include special medical services such as anesthesia, radiology, pathology or medical services provided by out-patient departments, these services may be included only on the condition that specified cash payments be made by the hospitalization organization directly to the subscribers for the cost of the services."

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#### California Medical Association Is in Accord.

The action so taken at the recent June session of the American Medical Association is in line with similar motions previously adopted by the constituted authorities of the California Medical Association. The attention of hospitals, and of hospitalization groups, and of physicians generally is directed to this amplification of the ten American Medical Association principles as a rule for their guidance. Back of all the discussion are two important facts: first, that roentgenologists, pathologists and anesthetists are members of the medical profession, with all the rights and privileges possessed by their fellow physicians in general practice or other specialties; and, secondly, that no corporation shall practice medicine, this latter rule

<sup>†</sup> This essay, dictated on the succeeding day, June 30, 1938, was given to his secretary, with the words, "This is my last chapter."

meaning, in law, that none other than a graduate physician, duly licensed, shall have the legal right to practice medicine. When these two principles are kept inviolate, there can be little basis for difference of opinion.

### CONCERNING LEGAL RIGHT FOR COUNTY HOSPITAL CHARGES

**Recent County Hospital Articles in the Official Journal.**—CALIFORNIA AND WESTERN MEDICINE, for several months past, has printed a number of articles concerning bills for hospitalization services rendered to supposedly indigent patients who had been admitted to county hospitals for treatment. The legal right of county boards of supervisors, under certain conditions, to make such charges was questioned. A perusal of the articles referred to,\* and particularly of several legal opinions therein, will indicate the lines along which exceptions were taken, particularly in relation to charges rendered to patients by the Los Angeles County General Hospital. However, the points of view to which expression was given by our friends in the legal profession in the comments referred to were not concurred in by the legal advisors of the Board of Supervisors (the County Counsel's Department of Los Angeles County); and, recently, a formal opinion was rendered by that County's Counsel in which it was stated practically that according to the law of California, county boards of supervisors have the legal right to charge all citizens for hospitalization at such rates as the supervisors may lay down, and without regard to whether the citizens receiving such care are indigents, near-indigents, or nonindigents.

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**Opinion of the Legal Counsel of the California Medical Association.**—A copy of this County Counsel's opinion was sent to the legal counsel of the California Medical Association, Mr. Hartley Peart, with request for his informal judgment and his reply is printed on page 157 of this issue.

This later opinion is commended to the thoughtful perusal of members of the Association, and particularly to the members of county medical society committees on county hospitals. The issues involved are of great importance to California physicians, for the reason that enforcement of procedures recommended or sustained by the legal advisors to county boards of supervisors (especially if such opinions be in error) could result in great damage to public health interests and medical practice. It is to be remembered that boards of supervisors should abide by the opinions of their duly authorized legal advisors, because when public officials fail to follow the advice of their duly constituted legal advisors they do so at risk to themselves and their bondsmen. However, the mere fact that a county counsel, or one of his deputies, presents a legal opinion does not make such an opinion sound law.

\* References referred to appear in a footnote in CALIFORNIA AND WESTERN MEDICINE, February, 1938, on page 74.

One of the functions of courts is to decide what is and what is not the law: yet, until an official legal opinion is reversed in the courts, such an opinion is assumed to be the law. In the matter here referred to, one attorney, who happens to be a legal advisor of a board of supervisors, has rendered his opinion to such a board. In this issue will be found the opinion of another attorney—in this instance the legal advisor of the California Medical Association—who holds contrariwise to that of a county counsel. The points brought out by the legal counsel of the California Medical Association, Mr. Peart, are worthy of careful thought, and should be read by all physicians who are interested in the issues involved.

### AN ILLUMINATING MAP

#### Adequacy and Inadequacy of Medical Care.

During the last several years much has been written concerning "The Adequacy of Medical Care." When criticisms stressing the "Inadequacy" of Medical Care (as propounded by sociologic and other propagandists) are analyzed, it is often found that the seeming deficiencies in medical service, as they exist in the minds of writers of such articles, are based on what might be termed thought confusion, in that the critics demanded, among other idealistic provisions, as a fundamental requirement of adequacy, the existence of hospitalization and associated facilities for every part of the United States, paying little regard to such important matters as population and economic and sociologic conditions, and geographic and other environments.

Disparaging statements concerning the methods of present-day medical practice are not confined, however, to lay sources; because even within the profession a certain number of physicians seem to have been so carried off their feet in adulation of group and hospital practice that they also have become exponents, both orally and in writing, of similar thought-trends favorable to change in the practice of medicine.

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**The Map Is Worthy of Study.**—This being unfortunately the case, a study of the black and white map, printed on pages 258 and 259 in the July 16, 1938, issue of the *Journal of the American Medical Association*, and showing the distribution of hospitals in the United States, is respectfully commended for all dissenters. The map shows that hospitalization facilities exist within thirty miles of places of residence of 98.5 per cent of the citizens of the United States! A distribution of hospitals such as that, in turn, necessarily means there is a supply of physicians in the districts sufficient to maintain such hospitals. Certainly when such figures are considered in relation to basic implications concerning facilities for medical care have we not a right to be surprised when we hear sociologic reformers and allied supporters prating about "inadequacy" of modern-day medical facilities? Readers who have not scanned the map referred to, and also the editorial comments as given on page 257 of the *Journal of the Ameri-*